Fortaleciendo a Las Familias Latinas

Providing PSB-CBT to Latino Youth and their Families

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Nuestros Acuerdos

01 make space / take space

02 confidentiality

03 curiosity mindset

adapted from BIL homes

Agenda

- Welcome and Introductions
- Latino Cultural Values
- Understanding the Impact of Gender Identity and Roles
- Acculturation, Enculturation, and Immigration Factors
- Protective and Risk Factors
- Communicating with Latino Families: Barriers to Engagement and Retention
- Approaches to Service Engagement with Latino Families
- Enhancing Provider Sensitivity and Communication Skills
- Discussion of Recommendations for Sample Language
- Resources for Providers in Clinical Practice
- Q&A and Wrap-Up

How do labels shape our understanding of ourselves and others?

What impact do they have on our sense of belonging or exclusion?

HELLO, I'M

- ☐ ~~HISPANIC~~
- ☐ ~~LATINO~~
- ☐ ~~LATINX~~
- ☐ ~~LATINE~~

CONFUSED

Who are Latino people?

- Terminology
- Use of terminology

Sierra (2021)

Opiniones y Pensamientos

How might the intersection of race, gender, and socioeconomic status affect someone's experience within the Latino culture?

How might someone's relationship with their cultural roots (language, customs, or traditions) affect their sense of belonging within the Latino community? Within the larger society?

Racial Identity

- Skin color across the Latino population has been found to have an impact on daily life experiences as well as the sense of general ability to get ahead in life, with around 60% of those polled saying lighter skin color helps one get ahead while darker skin color hurts one's chances of getting ahead.
- Latinos experience discrimination from other Latinos and non-Latinos at similar rates, most often based on race (having darker skin) and being born outside of the U.S. (or perceived to be).
- Younger Latinos were more likely to be aware of this type of discrimination, either through comments or jokes, both by Latinos and non-Latinos.

Pew Research Center, 2021

Familismo

VALUE

DEFINITION

- Family comes first.
- Family is everything- emphasis on the importance of family and prioritizing the well-being of the family above individual needs.
- Strong sense of loyalty and solidarity among identified family members.
- Reciprocity among family members is valued.
- Prioritization of harmony and cooperation.
- Boundaries around the Latino nuclear family are often flexible, and may include extended family members such as grandparents, aunts/uncles, cousins, and even close family friends.

CLINICAL EXAMPLES

- Families may be guarded in their disclosures in an effort to protect the integrity of the family unit and the family's reputation within the community.
- Can often manifest as a deep respect for elders within the family, who are honored for their wisdom and experience.
- Emphasis on passing down cultural traditions, values, and beliefs from one generation to the next.
- Often, many functions are shared within the family (e.g., caregiving of children and the elderly, emotional support, financial obligations, general problem solving).

Familismo

RECOMMENDATIONS FOR PSB PRACTICE

- Be open to identification and inclusion of other nuclear and/or extended family members being a part of services (e.g., assessment, safety planning, supervision).
- It should be noted that stigma may exist among family members, with youth worrying about family finding out about personal matters and telling others. Given this possibility, providers should be sensitive to factors influencing youth disclosure to certain family members.
- There are important implications for safety planning. For some families, the cultural value of extended kinship allows for several adults to have eyes on any given child. In this way, the value of ***familismo*** can be an important protective factor for keeping youth safe. However, some Latino families may also be more likely to delegate authority in accordance with birth order. As such, providing supervision/caretaking of youth may be designated to older youth, which can also have implications for discussions around safety, supervision, and planning, with families.
- Some families may appreciate the opportunity to include extended family in celebration of the youth's graduation from treatment.

FAMILISMO: Protective vs Risk

+ Associated with adaptive parental responses
+ Correlated with lower rates of behavior problems and substance youth in Latino youth
+ Encourages seeking support within family

- May exacerbate effects of family conflict, particularly parent/adolescent
- Can create role conflicts between parents and other family caregivers

Respeto y Formalismo

DEFINITION

- Characteristics and relational qualities that guide behavior and show respect.
- Many Latinos value formality and respect and consequently stress the importance of hierarchical relationships in which persons should be addressed formally (e.g., through use of proper titles, ***formalismo***) and with deference (***respeto***).
- Knowing the level of courtesy and decorum required in a given situation in relation to other people of a particular age, gender, and social status.

Domains of *Respeto*

- Obedience
  - Regard for authority
  - Accepting and following rules without question
- Deference
  - Courtesy owed to elders
- Decorum
  - Appropriate behaviors for social interactions
  - Public behavior and boundaries
- Related to the concept of ***respeto*** is also the concept of "***controlarse***" ("to control oneself"). ***Controlarse*** encompasses the ability to manage one's own emotions, behaviors, and impulses across varying situations.

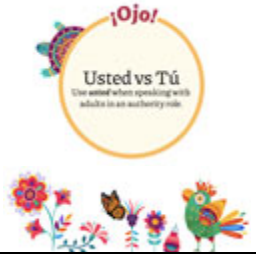
Respeto y Formalismo

CLINICAL EXAMPLES

Obedience. Deference. Decorum

- Children should never disagree with their parent.
- It may be bad manners to get involved in adult conversations. For example:
  - When a provider and parent are talking and the child speaks up, they may be reprimanded.
- High level of respect for elders. For example:
  - In emphasizing desired behavior, clinicians may ask clients to, "imagine you grandmother is watching your behavior."
- Always greet everyone.
- Children reflect the family and must present well to others.
- Family may refer to the clinician as "**doctor/a**" or "**maestro/a**" to acknowledge roles.
- The term "**mal educado/a**" may be utilized to describe a child who is misbehaving. Literally translates to "poorly educated." E.g., "**No seas mal educado.**" (Don't misbehave - literally: Don't be poorly educated).

Respeto y Formalismo



RECOMMENDATIONS FOR PSB PRACTICE

- It is important to use titles.
- For bilingual providers, lead with the more formal **Usted** for adults. The more informal **Tú** is acceptable for use with youth.
- Introductions, identifying the head of household (the father, the **abuela**, etc.) will be important for engagement.
- Recognize the caregiver's position of authority.
- As core values of PSB work, providers may build on values of **respeto** in treatment through teaching:
  - Consent and Sexual Behavior Rules
  - Social Skills/Caregiver/Teen Communication
  - Empathy and Apology/Apology and Restitution
- Concept of **controlarse** can be utilized as a familiar way of discussing the importance of managing and resisting certain impulses, delaying gratification, and making thought ful, safe, healthy, and legal sexual decisions in accordance with long-term goals and values, as opposed to satisfaction of immediate desires. This concept can be explicitly discussed in teaching and practicing of the ABCs of Behavior (adolescent curriculum).

RESPETO: Protective vs Risk

\+ Correlates with higher likelihood to engage in safer sex practices such as condom use, in contrast to greater acculturation to U.S. culture decreasing this same likelihood.

\- Can mean not asking questions or not talking about certain topics, such as sex ed

VALUE

Simpatía

DEFINITION

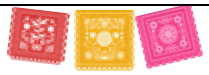
- Kindness
- Tendency to aim for harmony in personal relationships and avoid personal conflict.
- De-emphasizing negative behaviors in conflictive circumstances.

CLINICAL EXAMPLES

- May see reluctance to disclose ongoing challenges or new behaviors. Specifically, adherence to this value may influence timing and/or the transparency of family's disclosure of youth's PSB.
- May bring homemade food or a present for the provider.

VALUE

Simpatía



RECOMMENDATIONS FOR PSB PRACTICE

- Pause and prioritize kindness in interactions. Avoid becoming overly task focused.
- Because there is an emphasis on social ease and harmony, it may be less likely that the clinician will be interrupted/informed by the client that they may not understand/agree with what is being discussed. Check in frequently. Make ample opportunities for questions using an open-ended statement (e.g., "What questions do you have"?) as opposed to, "Do you have any questions"?
- Leverage ***simpatía*** (kindness) as well as ***respeto***, as strengths-based parenting practices vs. overly passive or overly harsh parenting practices.

VALUE

Personalismo

DEFINITION

- Personalism
- Valuing and building interpersonal relationship (e.g., a person is always more important than the task at hand, including allotted time for an appointment; *Santiago-Rivera, et al., 2002*).
- A way of relating to an individual with warmth and empathy.

CLINICAL EXAMPLES

- Mutual self-disclosure is expected.
- If therapist is experienced as cold (*frío*) or distant, attrition is likely to be high.
- There may be an expectation for therapist to self-disclose.
- Client's may pose more personal questions to the provider, for example, inquiring about marital status, parenthood, age, religion, family origins, etc.

VALUE

Personalismo

RECOMMENDATIONS FOR PSB PRACTICE

- Prioritize expressions of warmth and genuineness within interpersonal interactions, as opposed to being overly task-driven or time-oriented.
- It is recommended that providers engage in some degree of self-disclosure to increase comfort and promote trust.
- If delivering treatment in a group-based format, providers may want to allot for some additional time for social conversation to occur both before and after group given this emphasis among many Latinos. This can also contribute to building an important sense of social support.

VALUE

Confianza

DEFINITION

- Trust, mutual respect, familiarity
- Seen in relationships between (1) caregivers and providers, (2) youth and providers, and (3) caregivers and youth.
- A level of trust that leads to deeper disclosure.
- Plays a role in terms of how relationships are built and maintained.
- Has implications that shape communication. Confianza is the basis for a safe and supportive environment to discuss sensitive issues, such as identity, conflict, parenting, etc. Once a state of confianza is attained, providers can become more directive over time.

CLINICAL EXAMPLES

- "Experiences of discrimination and feelings of inferiority and 'otherness' may lead many Latinos into institutional dealings with a sense of ***desconfianza***" (mistrust; Falicov, 2016).
- Due to fears of what others will think/say about their PSB (***desconfianza***), including the clinician, families may be hesitant to openly disclose details of youths' PSB.

VALUE

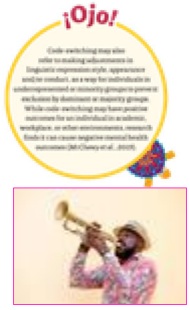
Confianza

RECOMMENDATIONS FOR PSB PRACTICE

- Development of ***confianza*** occurs over time and is not accomplished through any one specific interaction.
- Can be aided by small disclosures from the clinician to help build upon sense of mutual trust and openness (includes aspects of ***personalismo***).
- Normalize families' experiences by sharing how other families struggle with similar issues when engaging with families on an individual basis and/or family therapy. Relatedly, reducing a sense of isolation may be most easily accomplished through group format (Calzada et al., 2010; Harwood et al., 1995; Jackett, 2013; Ramirez-Esperanza, 2004; Santiago-Rivera et al., 2002).

A Word About Language:

- Roughly 21 Spanish-speaking countries
  - This does not account for Indigenous languages with different dialects
- Education about typical language development and loss is important.
  - While some youth may never acquire Spanish to begin with, others may gradually lose proficiency once they enter school (can occur with/without caregiver awareness).
  - Some caregivers are unaware of how limited a child's Spanish proficiency is, interpreting preference for English as rebelliousness.
- Clinicians must consider the discrepancy between the caregiver's and youth's preferred languages
- Although there is much complexity associated with defining code-switching, for purposes of this presentation:
  - Code-switching exhibited by bilingual individuals in which they mix words and/or phrases in two languages during conversation (Santiago-Rivera et al., 2002).
    - Another term often used to describe this is "Spanglish."



Communication & Language

Interpreters vs. Translators

The Bilingual Staff Member

Practical Considerations:

1. Meet with the interpreter before the session
2. Plan for extra time
3. Confidentiality
4. Placement of the interpreter
5. Maintain eye contact with the client
6. Speak in short sentences but keep a steady pace
7. Keep the same interpreter
8. Meet with the interpreter afterwards

COMMUNICATION STYLES

Indirect vs. Direct

DEFINITION

- **Indirect communication** (also referred to as high context communication) messages are more likely to be carried by both verbal and non-verbal cues. This communication style places strong emphasis on a shared understanding and sense of relatedness. In this form of communication, subtle gestures, facial expressions, tone of voice, and shared norms are relied on to convey messages.
- For high context communicators, factors such as the relationship between the speakers and cultural norms and backgrounds play a key role in interpretation of communication.
- Cultures that are more likely to exhibit high context communication styles include Latino, Asian, and Middle Eastern cultures.

- **Direct communication** (also referred to as low context communication) emphasizes explicit messages carried by words; directness in communication style, focusing more heavily on the verbal content of the message versus contextual cues. Low context communicators are more likely to prioritize efficiency of communication, clarity, and precision.
- Groups that are more likely to exhibit low context communication styles include many Western cultures and northern Europe.

CLINICAL EXAMPLES

- May observe a delay in dealing with uncomfortable subjects. This delay may manifest as small talk or unrelated conversation, warming up to uncomfortable subject matter.
- May provide indirect answers to direct questions in how a greater likelihood of providing additional background information that feels relevant.

COMMUNICATION STYLES

Indirect vs. Direct

RECOMMENDATIONS FOR PSB PRACTICE

- Providers may be accustomed to having more direct discussions or having families come in with prepared questions and concerns.
- Provide ample opportunities for clients to ask questions or express reservations. Clinicians should consider prefacing a discussion by emphasizing that the clinician is looking for client input/perspective.

- Because some Latinos may consider more direct forms of communication rude or insensitive, it is recommended that in discussing sensitive issues/topics (e.g., PSB-related content), providers should issue an apology or explicit recognition that the topic may be uncomfortable. Santiago-Rivera and colleagues (2002) provide some examples for bilingual professionals to use in these circumstances:

Usteden perdonen, pero necesito hacerles ciertas preguntas que pueden ser difíciles de contestar pero necesarias para el tratamiento	Please excuse me but I need to ask you certain questions that may be difficult to answer, but it is important for the treatment
Con todo respeto le tengo que informar que...	With all due respect, I need to inform you that...
Con permiso necesitamos enfocar en temas que usualmente no se discuten	Please excuse me but I need to focus on some issues that are not usually discussed

COMMUNICATION STYLES

Passive vs. Active

DEFINITION

- **Passive** - Characterized by indirect language, hints, or nonverbal cues to communicate a message. Passive communicators may be more likely to remain silent or agreeing in lieu of expressing true beliefs in an effort to prioritize harmony. Passive communicators tend to be far more attuned to social hierarchies, with a strong preference for deferring to others' opinions or decisions, rather than assert their own. Conflicts are more likely to be personalized, with an emphasis on diplomacy/saving face. Latino groups tend to exhibit a greater degree of passive communication.
- **Active** - Involves the direct and assertive expression of thoughts, feelings, preferences, and needs. More likely to engage in self-advocacy and assert opinions, boundaries, and preferences without hesitancy. More comfortable expressing dissent or disagreement when necessary. Conflicts tend to be depersonalized.

CLINICAL EXAMPLES

- Caregivers may require step difficulties in order to the challenge when not having.
- May manifest as use of third person versus first person pronouns. For example, as opposed to stating "I am upset by XYZ.," Latinos may be more likely to utilize third person, stating "One could be upset by XYZ." Through use of third person pronouns, the person is more likely to be viewed as appropriately subtle and **less** **educated**, or having good manners (Pabon, 2016)
- Individuals may illustrate a point through the use of a personal story.

- Communication may also be characterized by use of diminutive forms of words. Diminutives are created by adding suffixes such as "**ita**," "**ito**," "**ica**," or "**ico**" to nouns. Use of diminutives can accomplish several objectives including the expression of warmth and affection, increasing a sense of playfulness to serious tasks, and as a way of softening the tone of stated opinions, requests, or commands. E.g., "**Hazme un favor**" (do me a favor) would become, "**Hazme un favorcito**," which translates to (do me a little favor), which avoids more generic and less direct.

COMMUNICATION STYLES

Passive vs. Active

RECOMMENDATIONS FOR PSB PRACTICE

- Assist with drawing comparisons. If the client uses another person to passively discuss their own situation, clinicians can ask for input from client by asking questions such as 'how does this person's situation make you feel/resonate with you?'
- Invite feedback often and remind families of confidentiality. For cultures that emphasize cooperation and respect for authority, clients may feel that it is impolite to openly disagree. Therefore, inviting the family to openly discuss both positive and negative reactions to a clinician's opinions should be explicit and can help with fostering a sense of trust and collaboration (Paltrow, 2016).
  - For example, topics taught in the context of PSB treatment (e.g., involving assertiveness, sex education, boundaries, consent) may provoke questions or discomfort, which may not be openly expressed with providers unless feedback is invited. Role-playing and opportunities to practice these skills may enhance learning and reduce discomfort.
- As rapport with a client/family continues to strengthen, a provider may make greater use of humor and diminutives to decrease a sense of distrustness and, overall, soften communication.

COMMUNICATION STYLES

Nonverbal Behavior and Personal Space

DEFINITION

- **Nonverbal communication** plays an important role in many Latino cultures, particularly when conveying emotions, attitudes and beliefs, and social messages.
- **Physical touch** (e.g., kisses on the cheek, hugs, embraces, and handshakes) may be used as a means of expressing affection and warmth.
- **Eye contact** is generally used to convey attentiveness, engagement, and respect. However, level/duration of eye contact may be further impacted by factors such as gender, age, and social status.
- **Gestures and body language** (e.g., head movements, facial expressions) may be used more readily to convey emotion and provide emphasis.
- **Proximity**. For many Latinos, there is a tendency to have a closer sense of personal space (e.g., stay closer to someone during a conversation). Physical proximity is often seen as a sign of trust, connection, and intimacy during interactions.
- **Use of silence**. Silence can also be used as an important aspect of nonverbal communication and may convey respect, agreement, and contemplation.

CLINICAL EXAMPLES

- May not maintain eye contact, particularly with providers of a different gender.
- Handshakes may be expected at the beginning/end of the appointment (may be more playful with children shaking with hands).
- Some caregivers may expect to hug or give a kiss on the cheek.
- In the therapeutic context, there may be an initial preference for more space, however, as **confianza** builds, clients may expect to sit in closer proximity to the provider.
- Disapproval may show up as silence or avoidance of eye contact.

COMMUNICATION STYLES

Nonverbal Behavior and Personal Space

RECOMMENDATIONS FOR PSB PRACTICE

- Providers should consider their own comfort level for personal space and touch.
- Decrease personal distance in interactions with families. For example, avoid furniture, such as tables, between providers and clients.
- Avoid excessive note taking in lieu of remaining present and attentive.
- Avoid smiling when discussing beliefs.
- It is recommended to convey a tone of acceptance and patience and avoid a sense of confrontation (Paltrow, 2016).
- A greater comfort with physical touch and close proximity is likely to have implications when teaching families about personal space and boundaries.
  - For instance, one aspect of the PSB school age curriculum asks child caregiver dads to practice asking permission for hugs/other forms of physical affection. When presenting this activity for use with Latino families, it should be coupled with strong rationale in addition to a request for feedback from caregivers, given that failing to engage in these physical forms of affection can be interpreted as rude/insulting.

COMMUNICATION STYLES

Dichos y Cuentos

DEFINITION

- ***Dichos*** – short proverbs or sayings that have special meaning and can be used to convey values and standards of behavior.
- ***Cuentos*** – folk tales/stories that are utilized to communicate information and/or values in a culturally congruent way. This can also be referred to as ***Leyendas*** (legends).

CLINICAL EXAMPLES

Some common ***dichos***:

- ***Querer es poder.*** (To want is to be able to.)
- ***Donde hay gana hay maña.*** (Where there's a will there's a way.)
- ***A fuerza ni los zapatos entran.*** (When you use force not even your shoes fit.)
- ***No hay mal que por bien no venga.*** (There is no evil from which some good cannot be derived).
- ***Dime con quién andas y te diré quién eres.*** (Tell me who your friend is, and I will tell you who you are.)

COMMUNICATION STYLES

Dichos y Cuentos *continued*

Some common ***cuentos***:

- ***El Cucuy*** - Folklore figure who scares children and kidnaps them if they do not behave. It is not uncommon for ***El Cucuy*** or other folkloric figures to be utilized by caregivers as a behavior management strategy.
- ***La Llorona*** - The mythical legend of The Weeping Woman originated in 1550 in Mexico City yet variations have been told throughout the American Southwest, Mexico, Central America, and northern parts of South America. The legend is that ***La Llorona*** wanders the coasts and waterfronts mourning and looking for her children that she drowned. The reasons vary but the legend has that she was blinded by rage and drowned herself out of guilt but could not transition to the afterlife and roams the earth in search of her children. ***La Llorona*** has ties to several mythological figures from the Aztecs to Greek mythology. Like ***El Cucuy***, the tale of ***La Llorona*** is used in a similar way.

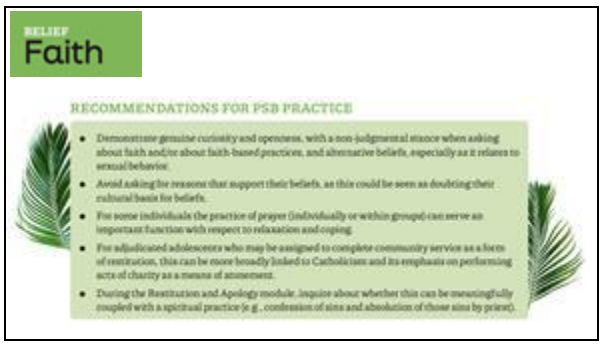
COMMUNICATION STYLES

Dichos y Cuentos

RECOMMENDATIONS FOR PSR PRACTICE


Religion and Spirituality


BELIEF
Faith
DEFINITION
God comes first.
Can act the tone for the family.
Predominantly represented as belief in God as a supreme being, in the existence of a soul, and in life after death. Related beliefs (e.g., sin, guilt and shame, heaven and hell) play an important role in overall meaning making and causal attributions of responsibility (Pahlen, 2012).
CLINICAL EXAMPLES
Families may rely on clergy/church elders/spiritual leaders for advice and support in times of stress.
For many Latinos, involvement in a faith community within the U.S. is also strongly associated with the sending of remittances to individuals in their country of origin. Rumbaut (2002) has suggested that this may be a result of interactions between religious practices and a sense of moral responsibility towards loved ones who have been left behind in their home country.
May use makeshift altars, religious objects, tributes to both past and present loved ones


BELIEF
Faith
RECOMMENDATIONS FOR PSB PRACTICE
Demonstrate genuine curiosity and openness, with a non-judgmental stance when asking about faith and/or about faith-based practices, and alternative beliefs, especially as it relates to sexual behavior.
Avoid asking for reasons that support their beliefs, as this could be seen as doubting their cultural basis for beliefs.
For some individuals the practice of prayer (individually or within groups) can serve an important function with respect to relaxation and coping.
For adjudicated adolescents who may be assigned to complete community service as a form of restitution, this can be more broadly linked to Catholicism and its emphasis on performing acts of charity as a means of atonement.
During the Restitution and Apology module, inquire about whether this can be meaningfully coupled with a spiritual practice (e.g., confession of sins and absolution of those sins by priest).

BELIEF

Fatilismo

DEFINITION

- Belief that divine providence governs the world and that an individual cannot control or prevent adversity.
- Strong belief that uncertainty is inherent in life and each day is taken as it comes.
- Belief that the individual can do little to alter fate.

CLINICAL EXAMPLES

- Perception of God's punishment for a perceived mistake or failure.
- There may be a delay in help-seeking behavior due to the belief that the outcome is predetermined.

BELIEF

Fatilismo

RECOMMENDATIONS FOR PSB PRACTICE

- Socratic questioning and psychoeducation on teaching self-control skills show it is possible to make changes. Inquire about and reinforce specific strategies addressing behavior and PSB that the family has found to be effective. This can also help identify ineffective strategies.
- Acknowledge and rely on **fatalismo** during instances in which acceptance of circumstances that are beyond one's control may be protective. E.g., We can't change the fact that the PSB happened, we can, instead, influence future behavior and focus on ways in which the family can continue to grow, as a result. This provides an opportunity to rely on applicable **dichos** such as: "**Dios aprieta pero no ahorca**" (God squeezes but he does not strangle).

BELIEF

Alternative Beliefs

DEFINITION

Curanderos

- Traditional native healer or shaman from Latin America, Mexico, and Southwest
- Resolving ailments through natural means

Sobadores

- Hands-on healers who use the indigenous wisdom of their elders to help others
- Healing massage
- Primarily Mexican

Espiritismo

- Latin American and Caribbean belief that good and evil spirits can affect health, luck, and other aspects of life
- **Espiritismo** communicates with the spirits

Santeros (Santería)

- "Way of the saints" fusion of Catholic practices and African folk beliefs
- Emerged in Cuba, practiced in many other countries
- **Santero** communicates with the spirits

CLINICAL EXAMPLES

- Families may not share about their beliefs or practices with the provider.
- May hear talk of client needing a healing/exorcism.
- There may be some resistance to the use of medication. For some Latinos, reservations about taking medication may be informed by their beliefs, (e.g., it will increase my child's likelihood of becoming addicted/dependent on the medication/street drugs).
- Client may disclose spiritual or religious practices in the context of therapeutic conversations.

Alternative Beliefs

RECOMMENDATIONS FOR PSB PRACTICE

- Explore the role and function of alternative beliefs within the family system.
- Integrate alternative/traditional therapies as appropriate.
- Consider incorporation of other religious/spiritual leaders as a source of support. Religious leaders can serve as important auxiliaries to the treatment process, providing spiritual support and serve as a source of hope for some families (Falicov, 2014).

See Campesino & Schwartz, 2006; Cruz et al., 2022; Sierra, 2021

Machismo

GENDER ROLE

DEFINITION

- Values, attitudes, and beliefs about masculinity.
- Men carry responsibility to protect, defend, and provide for family.
- Some characteristics include bravery, honor, dominance, aggression, sexism, sexual prowess, and reserved emotions.
- ***Machista*** - sexist or chauvinistic. Providers should also be aware that this term may be viewed as a microaggression if attributed to men indiscriminately, given that many researchers advocate for adopting a more bidimensional view of machismo, that also acknowledges positive aspects of men's behavior.

CLINICAL EXAMPLES

- ***Pecho para fuera, Eres hombre*** (chest out, you're a man).
- Boys don't cry - not okay to express feelings.

GENDER ROLE
Machismo

RECOMMENDATIONS FOR PSB PRACTICE

GENDER ROLE
Caballerismo

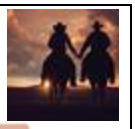
DEFINITION

- A positive image of a man as the family provider who respects and cares for his family.
- Men seen as chivalrous, nurturing, noble and in touch with their feelings.
- This term was first introduced by Arciniega and colleagues (2008) as a way to emphasize the more positive qualities associated with machismo.

CLINICAL EXAMPLES

- May see this as the father who is involved in treatment by being supportive, sharing, owning mistakes, and able to share in decision-making.

GENDER ROLE
Caballerismo



RECOMMENDATIONS FOR PSB PRACTICE

- Challenge personal assumptions related to hierarchical relationships that serve to support traditional gender roles.
- Inquire and establish how the family defines different gender roles (beliefs and practical roles), and their influence on expectations of and assumptions about their children.
  - For example, women may serve as heads of the household or in other roles that may be more traditionally associated with men.
- Normalize expressions of feelings and vulnerability across genders.

GENDER ROLE

Marianismo

DEFINITION

- Values, attitudes, and beliefs about femininity.
- Women as family and home-centered.
- Some characteristics include self-sacrifice for the family, embracing motherhood and expectations of submission.
  - ***Aguantar*** means "to put up with or suppress." At times, this can be seen as related to the concept of ***marianismo*** in that there is an expectation of women to endure hardship and put other's needs first.
- Latinas who conform to this ideal are expected to strive to be pure, long-suffering, nurturing, humble, and spiritually stronger than men.

CLINICAL EXAMPLES

- May be challenging for the female caregiver and family member to engage in prescribed self-care as it may be seen as taking away from the greater family and/or selfish.
- Suggested re-frame - "By "resting" there will be more energy for the family needs.

GENDER ROLE

Marianismo

RECOMMENDATIONS FOR PSB PRACTICE

- Encourage participation of fathers/male caregivers in treatment.
- Foster a family environment of safety and support for youth to discuss sexual orientation.
- Provide psychoeducation to caregivers on risk and protective factors associated with varying family responses to sexuality, gender roles, and sexual orientation.

Vergüenza

Vergüenza, which translates to "shame" in Spanish, plays a notable role in reinforcing traditional gender roles by creating strong social pressure to conform to expected behaviors, particularly for women.

DEFINITION

- Social concept of shame.
- ***Sinvergüenza*** - is a term that describes a person who behaves inappropriately towards others. Literally translates to "a person with no shame."
- Shapes and serves to maintain traditional gender roles and reinforcing familial relations and expectations.
- Internal and external regulator of living up to opinions and expectations of others.

CLINICAL EXAMPLES

- Similar to shame in ***familismo*** which may result in an avoidance of talking to providers/group members more openly.
- Avoiding actions that bring shame to self, the family and the community.
- For PSB this may impact the client and family's participation.

Vergüenza

RECOMMENDATIONS FOR PSB PRACTICE

- Emphasize practices related to confidentiality, ensure family understanding, create safe therapeutic space.
- Group therapy, in particular, can be a valuable mechanism for reducing feelings of shame, as it relates to PSB.
- Providers should consider reassuring families that seeking support is a demonstration of their strong commitment to family and courage.

Supportive and Protective Factors Against PSB

Acculturation, Enculturation, and Immigration Factors

acculturation

Process that takes place when 2 or more cultural groups come into contact.

"The processes by which groups or individuals adjust the social and cultural values, ideas, beliefs, and behavioral patterns of their culture of origin to those of a different culture" (APA,

- this is an ongoing process that can occur in different ways and at varying rates
- can impact the "host" or "dominant" culture as well as the "heritage" or "home" culture.

enculturation

The socialization to one's own (born into) culture and/or ethnicity.

- can happen at any point in an individual's life, from birth to older adult
- found to be a protective factor for the Latino population across the lifespan

Acculturation Model (Berry, 1992)

Berry's theories of acculturation allows us to visualize the main four types of coping of immigrant communities.

Assimilation – Where someone from a different culture adopts the cultural norm of the county/region that they have moved to (Cohen, 2011, 7).

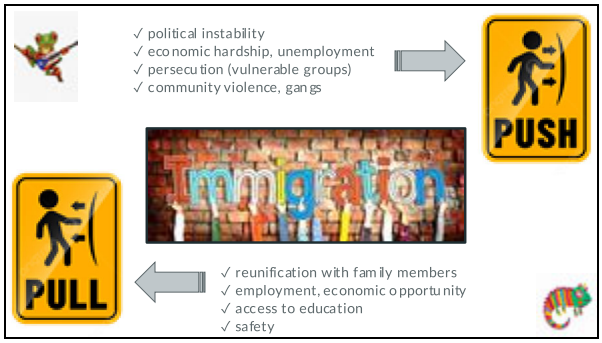
Integration – Where people adopt both the dominant culture and their original culture, combining the two at the same time (Cohen, 2011, 9).

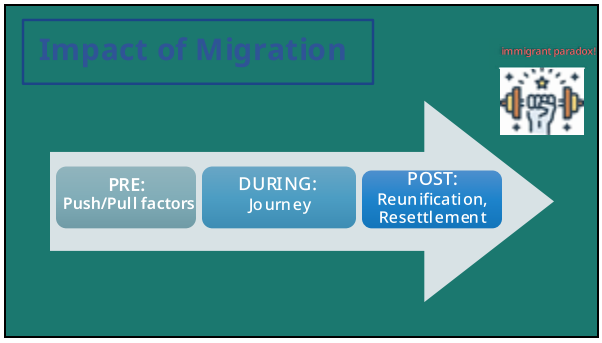
Separation – When someone rejects the dominant culture and keep their culture of origin instead (Cohen, 2011, 10).

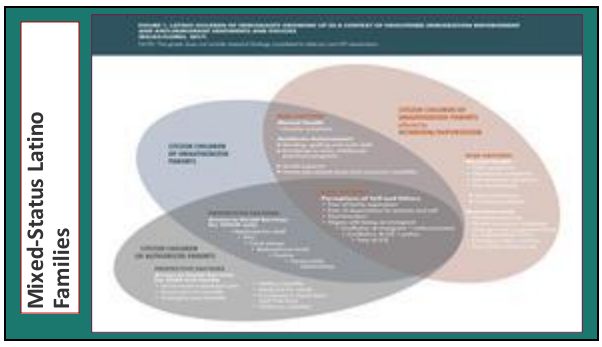
Marginalization – When someone rejects both their original culture and the cultural norm (Cohen, 2011, 11).

Latinos and Acculturation: Primary Risk and Protective Factors

acculturative stress	• community support networks • affinity groups
acculturative family distancing / acculturation gap	• sharing generational narratives • engagement in cultural practices across generations
assimilation risk/pressure	• bilingualism/biculturalism • enculturation…


✓ political instability
✓ economic hardship, unemployment
✓ persecution (vulnerable groups)
✓ community violence, gangs
PUSH
Immigration
PULL
✓ reunification with family members
✓ employment, economic opportunity
✓ access to education
✓ safety


Impact of Migration
immigrant paradox
PRE:
Push/Pull factors
DURING:
Journey
POST:
Reunification,
Resettlement


Mixed-Status Latino Families

Summary of Protective and Risk Factors

Society/Institutional
- Resolved legal/documentation status
- Community and neighborhood cohesiveness, celebration and support of families and culture
- Commitment to bilingual and bicultural support and activities

Community
- Community agencies/organizations that practice and promote cultural humility (e.g. language, staff, written materials, warm welcoming environment)
- Recognition and celebrations of cultural practices
- Bilingual signage; increased accessibility

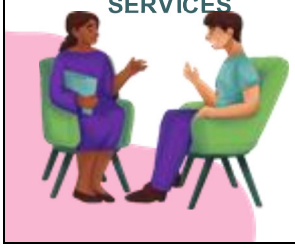
Family
- Cultural values (e.g. familismo, respect)
- Promotion of egalitarian conceptualization of gender roles

Individual
- Resolved legal/documentation status
- Community and neighborhood cohesiveness, celebration and support of families and culture
- Commitment to bilingual and bicultural support and activities

•Figure adapted from Restoring the Sacred Circle (K dleyet al, 2024) and the Centers for Disease Control and Prevention (2024).

Stage by Stage Approaches to Treatment Engagement

ENGAGEMENT IN SERVICES



- Studies suggest that Latino youth are less likely than white youth to receive services (Roberts et al., 2011), and are more likely to prematurely terminate services, with over half dropping out after one session (La Roche, 2002).
- Increased engagement can be achieved by being attentive and responsive to cultural factors
  - E.g., caregiver perceptions of racism within treating agency, individual and cultural beliefs about receiving mental health care, and caregiver comfort with clinical settings

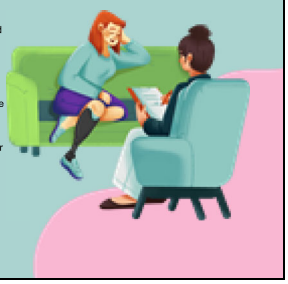
(McKay & Bannon, 2004; Rodriguez, McKay, & Bannon, 2008).

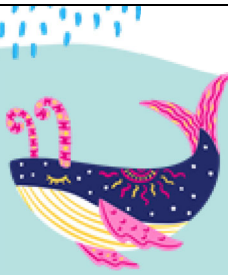
Engagement Strategies

- **Be mindful that attempts to be culturally sensitive do not lead to individual insensitivity.
- Mary McKay has published extensive research on engaging families of color in treatment and has shown that key adaptations to service delivery can result in significantly increased caregiver participation in treatment. Her work has resulted in key recommendations:

ENGAGEMENT STRATEGIES:

- Establish a personal relationship with families so families have increased familiarity with providers they will be working with and their roles.
- Provide information about the agency and intake process, and information about service options and clinicians' treatment approach.
- Invite families to discuss their history of experiences with service providers, including eliciting any concerns families may have regarding the treatment.
- Use of culturally enhanced, evidence-based practice to allow for transparent sharing of tx structure and anticipated outcomes.
- Establish collaborative working alliance with caregivers. Emphasize that caregivers are key team members in a collaborative approach to treatment.
- Identify concrete, practical barriers that may be attended to immediately (e.g., need for provision of childcare, lack of transportation) and develop a plan to address.





Flexibility and Accommodations in Engaging and Convening:

Mainstream clinical procedures have implicit/explicit cultural expectations that…

Implicit/explicit cultural expectations that…

(1) Clients will show up for scheduled appointments regularly and on time

REC: allow for some flexibility in scheduling, consider restrictions imposed by current no-show policy → flexibility and accommodations vital for building trust and reducing inequalities

(2) Will not surpass the allotted time of a therapy session

Implicit/explicit cultural expectations that…

(3) Will bring other family members as planned for family sessions

(4) Will not get close by hugging, kissing, bringing, food, plants, flowers, or other gifts for clinicians

Implicit/explicit cultural expectations that…

(5) Will not answer calls during session

(6) Will pay bills/fill out forms/complete therapy homework on time

Trust-Building Practices

- Development of trust within systems that may harbor hidden or overt prejudice for minorities presents a challenge
- *Confianza* ("confidence," trust) is key to a working relationship (Santiago-Rivera, et al., 2002)
  - Not created through an efficient task orientation/providers prompt services
  - Instead, created through gradual development of relationship characterized by *personalismo*
  - Identify and examine negative stereotypes
  - Repeatedly offer to answer any questions
  - Initial interviews should be pleasant, helped along by some self-disclosure
  - Pay close attention to generational differences

I don't give advice…

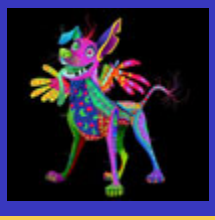
- Mainstream practitioners rarely expect to start therapeutic relationship by giving direct advice
- Families often seek therapy in state of despair and express hopes of guidance early on
- Act of seeking advice more common in collectivistic and hierarchical societies, as opposed to individualistic, egalitarian ones
- Some degree of fulfilling this need has been shown to be important
  - Rec: "I don't know enough yet…" and preliminarily advise not to rush into any decisions
    - Even generalized advice is helpful for alliance building

ASSESSMENT CONSIDERATIONS:

- Families should be provided with a STRONG rationale for conducting the assessment and assessment procedures be thoroughly explained to address any misconceptions and/or reservations about the process. (Resnicket al, 1993; The Workgroup on Adapting Latino Services, 2008).
- Providers should assess major areas of acculturation (e.g., language preference, retention of native language, proficiency level, generational status, social affiliation preferences), throughout the clinical interview and assessment process and that would include the broader context of cultural values (Arredondoet al., 2014).
- It is of utmost importance to assess for a broader array of potentially traumatic events (PTEs; e.g., immigration trauma) according to the family's background (The Workgroup on Adapting Latino Services, 2008; de Arellano et al, 2012), as well as for a broader array of manifestations of mental health symptoms.
  - For example, Latinos may be more likely to report experiencing somatic symptoms compared to their non-Hispanic counterparts (Pina & Silverman, 2004), as somatic complaints may be considered a more culturally acceptable manifestation of distress.

ASSESSMENT CONSIDERATIONS:

- Assess for family's language preferences (de Arellano et al., 2012)
- Clarify the intent of assessment measures and avoid use of double negatives (Owora et al., 2012)
- Consider a broader selection of caregivers as collateral sources of information (The Workgroup on Adapting Latino Services, 2008; de Arellano et al., 2012)
- Elicit feedback from the family related to their experience of the assessment (The Workgroup on Adapting Latino Services, 2008)
- Assessment process should also be ongoing throughout treatment. This is particularly important for Latino families, who may be less likely to share information until greater trust established with providers (The Workgroup on Adapting Latino Services, 2008).



Sample Language

Parenting Practices Sample Language	Rationale
What was your experience growing up in your family? How has this impacted your view of family and parenting your children?	Establishes the caregiver's history, responses to their experiences, and the opportunity to affirm their goals as a parent.
How have your parenting practices changed over time? What factors have been most influential in this change? (E.g., Living in the US, observing parenting practices of other families, present reactions to past childhood experiences, something a caregiver learned in church/in the community)	Opportunity to explore important factors impacting parenting practices, changes in parenting practices, how caregivers are being intentional about their parenting style.

Parenting Practices Sample Language	Rationale
What are your goals for your child?	Provides opportunity to explore caregiver's expectations and goals for their child.
When your child breaks the rules, what is your response/what consequences are in place? Who is responsible for delivering punishment/ consequences?	Assesses use of punishment/consequences for misbehavior. Opportunity to explore behavior management strategies and use of threats or larger authorities, such as, "God will condemn you" or "the police will get you."

Referred to with humor but also a culturally significant concept in many Latino households, particularly in Mexican and Central American communities. Chancla Culture refers to the use of a **chancla** or a flip-flop as a disciplinary tool by parents to correct behavior. Respeto, an important cultural value, was often misconstrued in disciplinary practices that relied on instilling fear to discourage misbehavior.

Over time, the **chancla** has become a source of comedic story telling and jokes, often within Latino communities, as a relatable experience. In recent years, **chancla** culture has been revisited, focusing on the shift away from the use of corporal punishment.

What, if anything, do you say to your child if they follow the rules/do something desirable?	Elicits views and beliefs related to praise while also assessing its current use.
What are the benefits/drawbacks of (disciplinary method identified by caregiver)? Are these rewards/consequences effective for changing behavior?	Assess for beliefs about method of choice and effectiveness. Are caregivers seeing behavioral changes in response to the selected method?

Parenting Practices Sample Language	Rationale
How are decisions about family rules/ expectations made? Who is involved in making these decisions?	Assess for familial hierarchy and whether or not youth are being engaged in discussions around rewards/consequences. This will additionally provide guidance on who may need to be engaged, to some extent, in treatment services
Who is responsible for supervision of children?	Opportunity to assess and establish caregiving roles and responsibilities across the family. **ahadiths**, older sibling, or caregiver.
What language is primarily spoken at home by family members?	Ask if not already assessed. What language is most comfortable for caregivers/do children respond in same language different? Does that lead to conflict/misunderstandings?

When people in your family disagree, how do you reach a resolution?	Conflict negotiation? (also here assess for hierarchy - how much if any negotiation is tolerated, valued) Who has the last word? This provides information on the dynamics within the home regarding problem-solving.
Who speaks with teachers/school personnel about the child's academic performance/ school behavior? Who oversees completion of homework?	Informs who represents the family to the outside world. Is this a caregiver? Another child in the home who has a stronger grasp of English?
How and when are children allowed to see friends? What type of peer activities do you allow? Do you allow sleepovers?	Informs on cultural values and how peer relationships may be viewed and allowed for the children. Sleepovers are often not allowed.

Parenting Practices Sample Language	Rationale
At what age is it acceptable for your kids to date? Are they allowed to have a romantic partner? What parameters/guidelines do you have related to your child dating? Have you communicated these expectations to your child? If so, how?	Opportunity to inform on family values and perspective. May hear from caregivers that the children, and/or specifically females, are not allowed to date. May get a different report from the youth. Chaperones may still be required by some families who believe their daughters can only date/interact socially with males.
Under what circumstances are your children allowed to engage in social activities/fun (e.g., do they require supervision during the date, specific locations that are acceptable/activities/curfew)?	Good opportunity to establish views and parameters around social activities, allowed, not allowed, only with family or family functions, curfews, etc.

Some children might express that they feel different in terms of gender or attraction. How would you feel about having a conversation with your child about these topics? We know that children develop a sense of who they are over time, which includes their interests, identity, and sometimes their gender or who they are attracted to. How do you support your child as they develop in these areas and manage any differences?	Expect potential for push back on these topics. Caregivers may express discomfort and negate their own child who may be questioning or identify as such. May additionally hear caregivers negate any issue in public yet in private with the family there is an issue and denial.

¡Ojo!

A new study by the Williams Institute at UCLA School of Law finds that an estimated 2.3 million adults in the U.S. identify as Hispanic or Latino/a and LGBT (Wilson et al., 2020).

Sexual Values

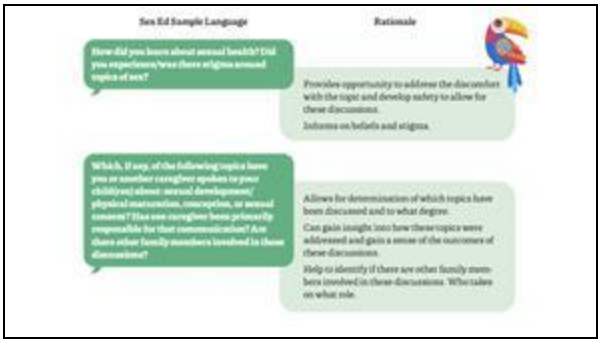
Don't talk about it

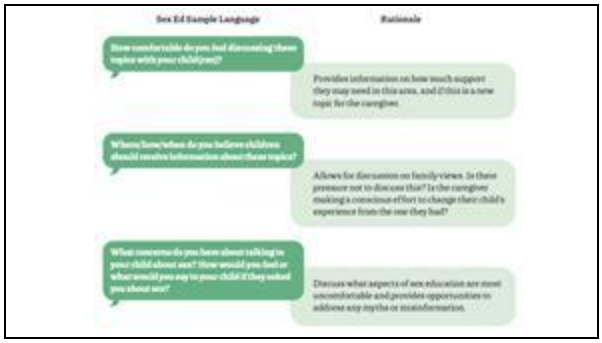
Don't discuss Private Parts
- We just don't refer to them
- Not proper

Don't even mention Relationships
- Can't talk about that either
- Premarital sex forbidden
- Religious aspect

Sexual Values

Sex Education in the Home
- Who talks to who
- Virginity
- Bi-culturation - Acculturation
- Family Image





Javier's Crossroads

Background: The Rodriguez family recently immigrated from Mexico to the U.S. eight years ago. They consist of:

Javier (15 years old) – A high school student who has been skipping class, getting in to fights, and was recently sexually harassing female classmates—making inappropriate comments and pressuring a girl to kiss him. The school has referred him for counseling, warning that he may face suspension and potential probation.

Maria (13 years old) – Javier's younger sister, who is expected to focus on school, help with household chores, and follow stricter rules than Javier.

Mr. Rodriguez (Father, 42 years old) – Works long hours in construction and believes that disciplining Javier is his mother's job. He dismisses concerns, saying, *"Escucale mucho los jovenes a la."* ("It's just boys being boys. I was the same way.)

Mrs. Rodriguez (Mother, 39 years old) – Stressed and overwhelmed, she struggle swith parenting. Javier and wants him to behave, but she hesitates about outside help, fearing it will bring shame to the family.

Abuelita (Grandmother, 67 years old) – A strong presence in the home who reinforces traditional gender roles, saying that Maria should behave like a "señorita" while excusing Javier's actions. She is skeptical of therapy, suggesting that faith and discipline are the solutions.

Key Issues:

1. **Hesitance to Seek Treatment** – The family is wary of therapy, seeing it as unnecessary or even a sign of parental failure.
1. **Gender Role Expectations** – Javier's behavior is minimized, while Maria faces stricter discipline and expectations.
1. **Enculturation and Immigration Stress** – The parents are navigating a different cultural landscape, where discipline and family roles are being challenged.
1. **Authority Figures and Trust** – The family sees outside intervention (school, courts, therapists) as potentially intrusive or judgmental.




Javier's Crossroads- cont'd

Activity Task: Map out a stage-by-stage clinical approaches, considering:

- **Initial Engagement:** How can a therapist build trust and reduce stigma around mental health?
- **Assessment:** What cultural considerations should be included when evaluating Javier's behavior and family dynamics?
- **Intervention:** How can treatment strategies align with the family's values and beliefs?
- **Long-Term Support:** What resources or community support systems could help sustain progress?

Acculturation and Acculturative Stress Sample Language	Rationale
What language(s) is/are primarily spoken in your home?	Informs of family's dominant language, may inform language used in treatment, opens conversation about child(ren) as language brokers.
What is your country of origin?	Opens discussion about reasons for migration and/or those that remain in country of origin. Promotes discussion around (retention of) cultural practices, rituals.
Are you able to visit/has your child ever visited your country of origin?	Documentation status may prevent families from returning to their country of origin to visit. This has greater implications for family relationships with those "left behind."

What role does religion/spirituality play in your family? What, if any, specific practices do you/your family engage in?	Level of importance of religion/faith in family overall, including worldview, decision making, belief system, etc.
How would you describe your cultural identity/values/beliefs/traditions/language/practices?	Promotes agency around defining one's own cultural identity, and dialogue about topic.
What aspects of your culture are most important/meaningful to you?	Speaks to enculturation.

This series of suggested questions is focused on gathering information on the family and its individual members. The questions provide an opportunity to explore degrees of acculturation.

¡Ojo!

The below questions/ recommendations should not be relied on blindly/ in lieu of clinical judgment. Recommendations for practice and sample language are provided as a helpful tool for clinicians, though they should not outweigh each family's unique needs as identified through ongoing assessment.

Acculturation and Acculturative Stress Sample Language	Rationale
Who do you usually turn to for help with concerns/problems?	What support does this family have?
Have you ever felt different from others because of your beliefs/ culture/practices? In what ways?	May indicate level and/or experiences in process of acculturation, including acculturative stress, as well as primary adaptation strategy.

How do you feel you are perceived by other cultures in the US? (racially, culturally, documentation/legal status, safety/danger, welcomed/rejected). What assumptions have people made about you/your family based on your culture and race?	Learn about experiences in host culture, acculturative stress. Discuss experiences related to race.
How much interaction and connection do you have with other Latino families?	Identify and assess sources of support, sense of community and/or belonging.
Do you feel you are better able to navigate life here in the US than your caregiver(s)?	To understand if the child/youth have acculturated differently and/or at a different pace than their caregivers, and if the caregivers themselves are experiencing challenges in this area, all of which may impact parenting and parent/child relationship.

Intergenerational Trauma

The history of violence, colonization and Indian slavery in Latin America suggests that violence became a way of life due to the power and control that Indian societies were forced to submit to (Zavala, 1943).

The violence of colonialism has left a strong imprint on Latin America, continuing to influence:

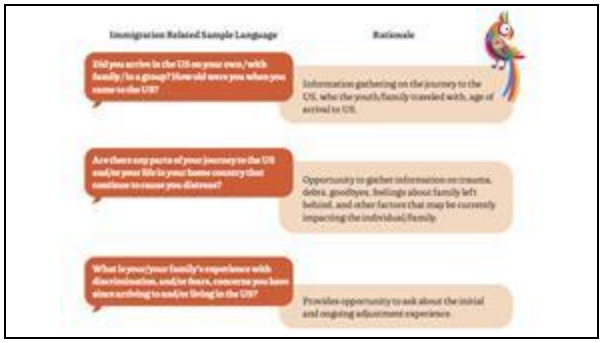
- social relations
- structures of power
- social division of work
- production of knowledge and identities.

The concept of *coloniality*, which Martín-Baró described as processes based on white racial supremacy, power and order, and racism, has served to "shape minds" (2009).

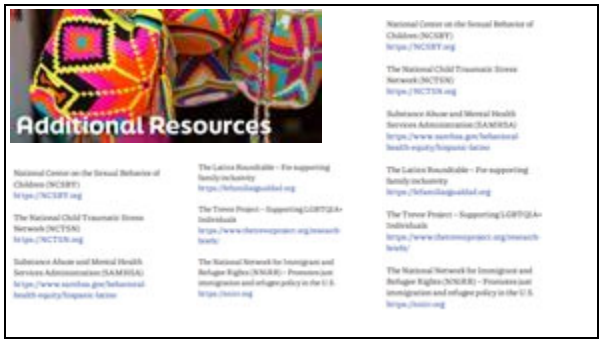
Development of Fatalism as way of giving up control of their lives to others.

Sierra (2021)

Immigration Related Sample Language	Rationale
You are not obligated to answer any questions you do not wish to answer, this information is confidential and only for our uses in therapy. Do you have any questions about how this information is used?	Communicates value placed on comfort of individuals being interviewed an sense of agency/autonomy, reinforces confidentiality of clinical interaction, and provides an opportunity to ask follow-up questions/gain clarification.
Why/How did you/your family decide to come to the US?	Information gathering on circumstances (push/pull factors) with the decision to immigrate. Was it planned? Urgent?


Immigration Related Sample Language
Rationale
Did you arrive in the US on your own/with family/in a group? How old were you when you came to the US?
Information gathering on the journey to the US, who the youth/family traveled with, age of arrival to US.
Are there any parts of your journey to the US and/or your life in your home country that continue to cause you distress?
Opportunity to gather information on trauma, debts, goodbyes, feelings about family left behind, and other factors that may be currently impacting the individual/family.
What is your/your family's experience with discrimination, and/or fears, concerns you have since arriving to and/or living in the US?
Provides opportunity to ask about the initial and ongoing adjustment experience


Practical Tools and Resources


Additional Resources

Mental Health America (MHA) – Latinx/ Hispanic Communities: Información y Material de Salud Mental en Español
https://www.mhanational.org/latinx-hispanic-communities-informacion-y-materiales-de-salud-mental-en-espanol

Hispanic Federation
https://www.hispanicfederation.org/our-work/health/mental-health-resources/

Spanish Clinical Language Guide - Washburn Center
https://washburn.org/wp-content/uploads/2023/06/Spanish_Clinical_Language_and_Resource_Fall-2023.pdf

Adaptation Guidelines for Serving Latino Children and Families Affected by Trauma
https://www1.nyc/files/Evidence_Based_and_Trauma-Informed_Practice/Adaptation_Guidelines_for_Serving_Latino_Children_and_Families_Affected_by_Trauma.pdf

Child Welfare Information Gateway
https://www.childwelfare.gov

Keep Kids Safe
https://www.keepkidssafe.org

National Child Traumatic Stress Network Sexual Abuse
https://www.nctsn.org/what-is-child-trauma/trauma-types/sexual-abuse

National Child Traumatic Stress Network Fact Sheets
https://www.nctsn.org/sites/default/files/interventions/problematic-sexual-behavior-cognitive-behavioral-therapy-fact-sheet.pdf

National Children's Alliance
https://www.nationalchildrensalliance.org/pdc/

Office of Juvenile Justice and Delinquency Prevention. Forming a Multidisciplinary Team
https://www.ncjrs.gov/pdffiles1/ojjdp/177600.pdf

Safer Society Press
https://safersociety.org/

Stop It Now
https://www.stopitnow.org